Waterloo Wellington **LHIN**

Annual Report

Leading a high-quality, integrated health system for our residents

2012-2013

Ontario

Waterloo Wellington Local Health Integration Network

Table of Contents

Waterloo Wellington Local Health Integration Network

Our Job as Leaders

The Waterloo Wellington Local Health Integration Network (WWLHIN) is responsible for planning, integrating and funding health services to improve the health and well-being of over 750,000 residents in Waterloo Region, Wellington County, the City of Guelph, and the southern part of Grey County.

Health Services in the Waterloo Wellington **LHIN**

The Waterloo Wellington LHIN is responsible for planning, integrating, coordinating and funding 78 health service providers:

1 Community Care Access Centre
4 Community Health Centres (with 4 satellites)
11 Community Mental Health and Addictions Agencies
20 Community Support Service Agencies
8 Hospital Corporations (10 hospital sites)
34 Long Term Care Homes

A complete list of funded health service providers can be found at **www.wwlhin.on.ca**

Mission: To lead a high-quality, integrated health system for our residents

Vision: Better Health – Better Futures

Core Value: Acting in the best interest of our residents' health and well-being

Message from our **Leadership Team**

On behalf of the Waterloo Wellington Local Health Integration Network's Board of Directors, we are pleased to provide you with our 2012 – 2013 Annual Report.

Over the past year, the Waterloo Wellington Local Health Integration Network (WWLHIN) has taken great steps to strengthen the focus of our local health system on the needs of our residents. We are moving the system from one of traditional silos and gaps between individual health service providers toward a truly integrated system of care.

Our mission is to lead a high-quality, integrated health system that creates better health, a better care experience and better value for taxpayers' dollars through local decision-making and accountability.

With our 78 Health Service Providers, we have accelerated improvements to existing health care services and have implemented new services to meet the evolving needs of our local community. These improvements have advanced our strategic priorities:

- Enhancing your access to primary care,
- Creating a more seamless & coordinated healthcare experience, and
- Leading a quality healthcare system using evidence-based practice.

Many of these accomplishments are outlined in the pages that follow.

We would like to acknowledge the staff and board members here at the WWLHIN whose hard work, dedication, and enthusiasm has resulted in many achievements in the redesign of our local health system. We would also like to thank the thousands of talented nurses, doctors, allied health professionals, technicians, support staff, volunteers and administrators. We are grateful for the skills, dedication, and compassion they bring to their jobs each and every day.

This year, we have established new partnerships beyond traditional health care providers. We are working with city, regional and township councils, boards of education, police services, social service agencies, community leaders and many others to collectively make Waterloo Wellington one of the best places to live in Canada.

While we are proud of the accomplishments over the past year, we are most excited about where we are going with our bold new Integrated Health Service Plan for 2013-2016.

Our improvement plans for the next three years are even more ambitious. They are driven by the need to do things differently and to create something extraordinary.

Our local health system is transforming from a series of fragmented programs/services into a truly integrated system of care, a system that is centred on our residents' needs, rather than organizations.

Our residents' health and well-being must be placed as the top priority as we redesign our system. Together, with our health service providers and others in the community, we will ensure that the provincial Action Plan for Health Care is translated at the local level in a way that is meaningful to and resonates with our residents. As we move forward, we are counting on our health service providers and partners to step-up and drive the needed improvements.

In the year ahead, we will continue to focus on our singular core value of acting in the best interest of our residents' health and well-being. Building on the successes of 2012-2013 we will continue to develop the high-quality, integrated health system that our residents need and deserve.

Joan S. Fisk
Board Chair of the WWLHIN

Bruce Lauckner
CEO of the WWLHIN

Dale Small
Board Vice-Chair of the WWLHIN

Joan S.Fisk
Board Chair of the WWLHIN

Bruce Lauckner
CEO of the WWLHIN

Dale Small
Board Vice-Chair of the WWLHIN

Board of Directors 2012-2013

Waterloo Wellington Local Health Integration Network Governance Structure

The Waterloo Wellington Local Health Integration Network is governed by a board of directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. Members hold office for a term of up to three years and may be re-appointed for one additional term. The board is skills-based, drawing on local individuals with a variety of experiences and expertise. Waterloo Wellington Local Health Integration Network board meetings are open to the public. There are three standing committees of the board – Finance and Audit, Governance and Nominations.

Transitions in Board Membership

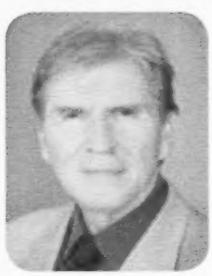
After serving as board members since Spring 2011, the board wishes to thank Lynda Davenport, Judy Dirksen and Paul McDonald for their contribution to the health and well-being of our residents as they move on to exciting new opportunities.

In January 2013, the WWLHIN Board approved the motion to initiate a nominating committee, and in March 2013 submitted postings for three new board members to the Public Appointment Secretariat for approval.

Joan S.Fisk, Chair
June 2, 2011 – June 1, 2014

Dale Small, Vice-Chair
Nov. 18, 2009 – Nov. 17, 2012
Reappointed: Nov. 18, 2012 – Nov. 17, 2015

Manjit Basi
Oct. 6, 2010 – Oct. 5, 2013



Murray O'Brien
June 2, 2011 – June 1, 2014

William (Bill) Dinwoody
Dec 2, 2009 – Dec 1, 2012
Reappointed: Dec. 2, 2012 – Dec 1, 2015

Bonnie Bremner
Apr 18, 2011 – Apr 17, 2014

Our Community

Waterloo Wellington is one of Canada's fastest-growing and increasingly diverse communities. It is situated in the heart of southwestern Ontario. Waterloo Wellington offers a unique blend of urban and rural communities and provides residents with the best of both vibrant city life and country charm. The region has a thriving, diverse economy in insurance, government, not-for-profit, service businesses and manufacturing. Living in Waterloo Wellington offers our residents a lifestyle that's second to none.

As of 2013, the WWLHIN had over 750,000 residents, representing 4.7% of the Ontario's population. The WWLHIN is the 6th fastest growing LHIN in the province with an annual growth rate of approximately 1.4%. By 2021, it is projected that the LHIN's population will increase to 868,820 residents; a 36% increase since 2013, a larger growth rate than the province which is projected to grow by 32.6%. Residents aged 65 years and older, currently make up 13.4% of the WWLHIN's population which is slightly lower than the province's population in this age group, however, the projected growth rate for persons 65 years and older is higher in the WWLHIN than the province (36.0% vs. 32.6%). The life expectancy for WWLHIN residents is 82 years which is approximately equal to the province's average life expectancy.

Our Health

The following is a snapshot of the health profile for WWLHIN including behaviours and risk factors that affect our population's health, as well as the prevailing health conditions experienced by residents.

Residents in the WWLHIN area are increasingly engaging in unhealthy behaviours. Data from the 2013 Statistics Canada Health Profile, informs us that there are a high percentage of obese and overweight people in Waterloo Wellington, with 54.3% of our residents reporting to be obese or overweight, compared to 52.3% for the province. Between 2005 and 2011, obesity has increased in the region by 9.2%, while the province has seen an overall decrease in obesity (1.5%) over the same time period. Participation in physical activity in the WWLHIN region, as well as for the province as a whole, has experienced a slight decrease, 0.5% and 0.7% respectively. Additionally, in 2011, 18.3% of the WWLHIN population reported being heavy drinkers, which is higher than the provincial average (16.1%). Current smokers, daily or occasional, increased by 24.8% between 2005 and 2011 in the WWLHIN, while the province as a whole experienced a decrease in smoking behaviours. Persons residing in urban regions of the LHIN experienced higher rates of smoking than residents in rural areas.

Most recent estimates indicate that 92% of WWLHIN residents have a regular medical doctor and 95.5% have consulted with a health professional in the last year, both of these statistics are slightly higher than the provincial averages. Residents who reside in rural Waterloo and rural Wellington are more likely to have a regular medical doctor than residents in urban regions.

Both, the prevalence and mortality rates for chronic disease in the WWLHIN are lower than provincial rates. In 2011, when taking age and sex into account, the rate of diabetes was 8.92 per 100 residents, this is low compared to other LHINs and the province's diabetes rate (10.54). In 2010, rate of hospitalization per 100 000 residents was: 282.2 for arthritis and related conditions, 87.0 for diabetes, 379.3 for cancer, and 264 for heart attack or heart failure; all of these hospitalization rates were lower than rates experienced provincially.

In 2011, it was determined that 87.6% of WWLHIN residents completed high school, while only 59.8% had completed post-secondary education; the WWLHIN performs poorer on these education markers than the provincial averages. In the WWLHIN, the unemployment rate in 2011 was 6.1%, with 9.8% of the population considered to be low-income, which is lower than the provincial unemployment and low income rates. Since education, literacy rates and income are determinants of health; improvements in these areas will impact health outcomes for our residents.

In developing our plan to improve the local health system for Waterloo Wellington we consider the forecast changes in health trends for our population to ensure the sustainability of our plan.

Waterloo Wellington LHIN Geography

The WWLHIN covers approximately 4,800 square kilometers of land. Almost 90 per cent of the WWLHIN's total geographic space is rural.

LET'S MAKE
HEALTHY CHANGE
HAPPEN

Ontario's Action Plan for Health Care

Better patient care through better value from our health care dollars

The initiatives within our Strategic Plan are grounded in Ontario's Action Plan for Health Care as well as local health system planning and community engagement activities. They are designed to have the greatest impact on achieving the strategic priorities for local health care in Waterloo Wellington.

Ontario's Action Plan for Health Care is the plan to make Ontario the healthiest place in North America to grow up and grow old. It is a plan to strengthen the universal healthcare system and ensure it is there for your children and grandchildren.

Over the past year the fourteen Local Health Integration Networks have collaborated on translating the provincial Plan into local strategic priorities. As a result, the Waterloo Wellington Local Health Integration Network is now focused on three strategic priorities, reflective of the Ontario Plan and resonant at the local level.

These three priorities are consistent with the feedback we consistently receive from local residents through our engagement activities – they are the priorities in our local community to improve our residents' health and well-being. These changes are the basis of our Integrated Health Service Plan 2013-2016.

In the Action Plan for Health Care, the Minister of Health outlined specific areas of focus for the health system in the coming years:

1. Support to become healthier including specific strategies around health promotion, promoting healthy habits and behaviours, supporting lifestyle changes and better management of chronic conditions.

2. Faster access and a stronger link to family health care including specific strategies such as strengthening the role of family health care, improving access to primary care, increasing the use of house calls to support care needs, incorporating Family Health Care into the Local Health Integration Networks, and driving a focus on quality and best practice.

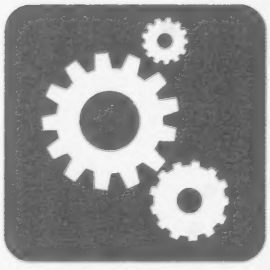
3. The right care, at the right place, in the right time including specific strategies around timeliness and access, delivery of additional services in the community, integrated care processes, and a Seniors Health Strategy.

We Must Accelerate System **CHANGE**

The local plan for healthcare services in Waterloo Wellington is an ambitious one. It is driven by the need to do things differently and to create something extraordinary. Our local health system is transforming from a series of fragmented programs/services into a truly integrated system of care, a system that is centred on our residents' needs, rather than organizations. Our residents' health and well-being must be placed as the top priority within our system redesign. Together, with our health service providers, we will ensure that the provincial vision for improved healthcare is translated at the local level in a way that is meaningful to and resonates with our residents.

Our priorities can be achieved more quickly by using enablers such as integrations, reallocation of funding, supporting those leaders in the system who share our objectives and supporting electronic health tools that our clinicians will use. As a result, we have also included a focus on enablers to ensure that the system commitment, structure, processes and tools across the continuum are in place to support transformation.

Over the past year we have seen many successes in the implementation of this plan and with the refinement of our strategy going forward, we will be continue to develop our initiatives and refine our focus toward better health and better futures for our local residents.



Our plan is obsessively patient-centred. In tomorrow's health care system there is no room for self-interest, only the best interest of patients.*

* Ontario's Action Plan for Health Care, 2012

Accountability

Ministry-LHIN Performance Agreement

The Waterloo Wellington Local Health Integration Network (WWLHIN) and the Ministry of Health and Long-Term Care (MOHLTC) have negotiated and signed a performance agreement which defines the obligations and responsibilities both the WWLHIN and the Ministry have to each other over a defined period of time. The Ministry/LHIN Performance Agreement (MLPA) includes a number of schedules which outline expectations of the LHIN regarding Community Engagement; Planning and Integration; Local Health System Management; Financial Management; Local Health System Performance and Reporting.

Local Health System Improvement Dashboard

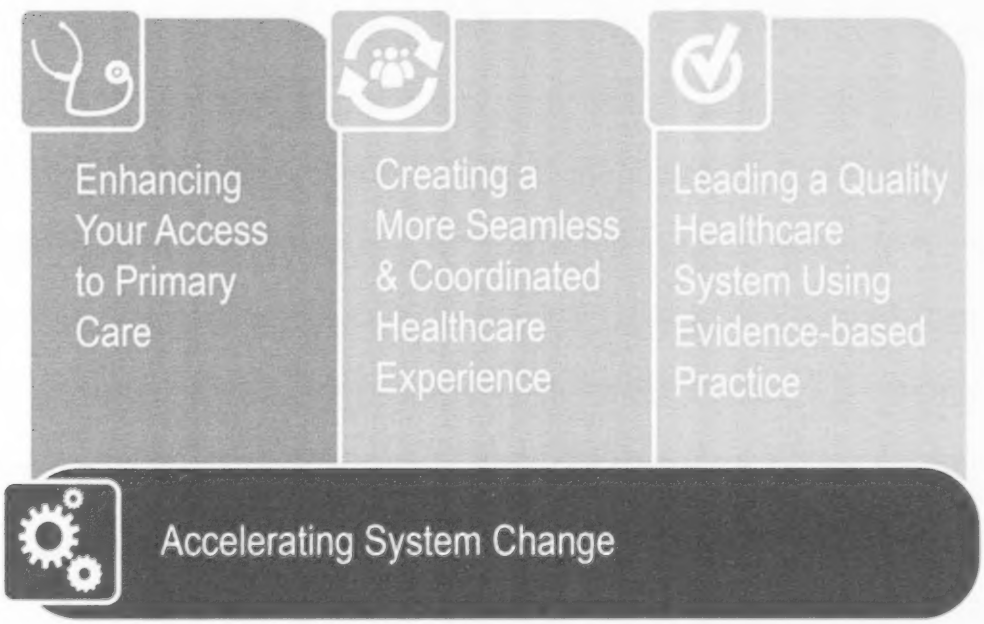
In addition to the indicators set out in the MLPA, the WWLHIN also monitors progress on initiatives and additional metrics to assess progress on key system changes. This dashboard focuses on the areas in most need for improvement in the local health system. It does not reflect the overall performance of the health system - it intentionally focuses on the biggest challenges and priorities for improvement.

The dashboard is a roll-up of the performance of our local Health Service Providers – our hospitals, Community Care Access Centre, Community Health Centres, community support services, community mental health and addictions agencies, and long- term care homes.

Health Service Providers regularly report their performance to the WWLHIN and we, in turn, roll their organizational performance up for an overall picture of performance across Waterloo Wellington. The performance of different Health Service Providers may widely vary.

Strategic Priorities for Our Local Healthcare System

The following are the strategic priorities for the Waterloo Wellington Local Health Integration Network. In the subsequent pages we have included both highlights of key initiatives which have improved the local health system over the course of 2012-2013, as well as a summary of related performance metrics.



"Ensuring our residents have a strong relationship with a primary care provider is the foundation of an effective health system."

-Dr. Sabrina Lim-Reinders,
Physician Lead

OUR PRIORITY:
Enhancing Your Access to Primary Care

In 2012-2013 the strategic priority to enhance access to primary health care services was focused on addressing chronic disease prevention and management, decreasing emergency department visits, reducing hospitalization and improving the overall health of the people they serve.

OUR OBJECTIVE:

Improve Timely Access to Primary Care Through:

- Connecting Unattached Patients
- Understanding Current Access to Primary Care & Developing Strategies to Promote Appropriate Access

What did we achieve in 2012 - 2013?

Increased the number of residents connected with a primary care provider:

- In Waterloo Wellington we doubled the numbers of physicians who are accepting new or unattached patients from Health Care Connect through a revised strategic approach by the Waterloo Wellington Community Care Access Centre.
- More local residents with complex health needs now have access to a primary care provider through investments made by the WWLHIN in Langs' Community Health Centre (North Dumfries site) and Guelph Community Health Centre.

Leveraged the three capital projects, currently underway in rural communities, to achieve an integrated campus of care with primary care at the centre. Successfully challenging the traditional capital assumptions around building a single purpose facility (e.g. hospital alone):

- The WWLHIN worked closely with Groves Community Memorial Hospital (GMCH) to develop a new health campus plan in Centre Wellington to include primary and community-based services, rather than just a traditional hospital. This new approach to capital planning will benefit people in the community as it will ultimately facilitate better coordinated access to both acute and non-acute healthcare services in one location.
- Approved a plan to increase the size of the current Emergency Department and ambulatory clinic at the North Wellington Health, Louise Marshall site. The expansion will improve patient flow, enhance patient safety and infection control, and ensure that patients in need are seen in the most appropriate care setting.
- A new facility will be built at the Palmerston Hospital site, which will integrate primary care and community providers for the benefit of the residents. The site is expected to be home to a satellite office of the Minto Mapleton Family Health Team as well as the WWCCAC, mental health services and family physicians.

Implemented a Primary Care Hub Model:

- The WWLHIN worked with local health providers to establish the Guelph Health Link, which was approved in December 2012 as one of 19 early adopter Health Links in Ontario. A target has been set to implement individual comprehensive care plans for 3000 complex adults and frail seniors. This work will improve the care experience for residents who need it the most, increasing the quality of their care and reducing system costs by connecting these residents to the services they need, in the most appropriate care setting.
- Recent work with local health care providers in rural Wellington has resulted in a better understanding of the needs and experiences of residents in our rural communities. Providers have created a detailed report outlining a proposed future model of care that is more streamlined, with primary care at the centre and community-based services provided closer to home whenever feasible. The model also includes an approach for improving care coordination for individuals with mental health and complex chronic conditions.

OUR OBJECTIVE:

Develop and implement a Primary Care Model for chronic disease prevention and management that targets frail and complex patients

What did we achieve in 2012 - 2013?

Assumed responsibility for diabetes programs and services in the WWLHIN.

- Planning and coordination of ministry funded diabetes services and programs are now integrated with the system level work of the WWLHIN.
- Langs will maintain direct service components of the Diabetes Regional Care Coordination Center including central intake, mentoring and web-site maintenance.

Expanded chronic diseases to address the needs of frail seniors.

- Investments made by the WWLHIN to support early identification and management of frail seniors and help these residents live safely and successfully at home. Services will be delivered by WWCCAC and the Guelph Family Health Team.

OUR OBJECTIVE:

Improve timely information sharing between providers to support family health care in knowing their patients' experience across the continuum of care and to improve health outcomes and system efficiency throughout the system

What did we achieve in 2012 - 2013?

Integration of Electronic Medical Record (EMR) information.

- WWLHIN investments in the CARE Project have resulted in the integration of EMR information with a number of healthcare provider sources across our LHIN. This will provide a foundation for information management to support primary care's advanced use of EMRs. The CARE Project is led by the Centre for Family Medicine (CFFM) Family Health Team.
- Improvements in coordination and information sharing between providers have grown through the WWLHIN's continued support of ClinicalConnect®, a secure online portal that provides health care professionals, such as doctors, nurses, and pharmacists, with real-time access to their patients' electronic medical information. By the end of 2012-2013 fiscal year 2700 users have now registered.
- Data from all acute hospitals in the WWLHIN is now shared on ClinicalConnect®, which means that health care providers using this EMR will have live access to the most up-to-date information on their patients' needs.

OUR OBJECTIVE:

Develop a Primary Care Network to identify and address system needs and opportunities across the continuum of care to support improvements in primary care

What did we achieve in 2012 - 2013?

Established the Primary Care Advisory Committee (PCAC).

- The PCAC, led by WWLHIN Physician Lead Dr. Sabrina Lim-Reinders, meets a minimum of five times per year to provide advice and guidance related to local primary care activities and support the WWLHIN in achieving our goals and objectives in improving our residents' access to primary health care in Waterloo Wellington.

Continued engagement with Primary Care providers.

- In 2012-2013, the WWLHIN Primary Care Team focused on discussions about access to timely information sharing, and examined local data and trends in Emergency Department (ED) usage by people in need of care, but with less-urgent conditions (i.e. conditions that could have been treated in a primary care setting if available). This work will provide meaningful insight in determining how to address avoidable ED visits in the future; looking at new ways to meet the needs of people who frequently use the ED for non-urgent care and in connecting these residents with the care they need in the community.

Performance Results: Enhancing Your Access to Primary Care 2012-2013

Performance Indicator		LHIN 2012/13 Starting Point	LHIN 2012/13 Performance Target	LHIN 2012/13 Ending Point	LHIN Rank at March 2013
Local Indicators					
Health Care Connect registered patients referred to physician		50.30%	73.00%	68.80%	12
Reduced ED Visits for non-urgent cases that could have been seen in a primary care setting (ED Visits Best Managed Elsewhere)		12.10%	10.30%	13.90%	6
Reduced hospitalizations for conditions that could be better managed in the community (Ambulatory Care Sensitive Conditions)		4.42%	N/A	4.59%	7

"An integrated approach to health care gives me more information about local services to help my patients."

-Paula Carere, Nurse Practitioner

OUR PRIORITY:
Creating a More Seamless and Coordinated Healthcare Experience

In 2012-2013 the strategic priority to create a more seamless and coordinated healthcare experience was focused on helping people find the right healthcare when they need it. As well, the focus was on further integrating healthcare services so that people can easily navigate the healthcare system.

OUR OBJECTIVE:

Ensure residents, especially those in most in need, can effectively navigate transition points across the continuum of health care services

- Implement the new WWCCAC Client Care Model and fully realize their role as system navigator and trusted care coordinator

What did we achieve in 2012 - 2013?

Implemented the Waterloo Wellington Community Care Access Centre's (WWCCAC) Client Care Model to improve system navigation and care connection.

- WWCCAC clients are now receiving specialized case management based on their unique needs through the Client Care Model, which is focused on the types of care and supports needed.

Acted in the best interest of residents to improve governance and leadership of the Waterloo Wellington CCAC.

- In July 2012, Brenda Flaherty was appointed Supervisor of the Waterloo Wellington CCAC. The Supervisor's terms of reference included taking action to address 23 recommendations that were made in an Organizational Review Report, Ensuring Effectiveness and Accountability at the Waterloo Wellington CCAC.
- The Supervisor has conducted a governance assessment, launched a governance renewal, appointed an interim CEO and launched a CEO search process. A strategic refresh process is underway, which has included ongoing stakeholder consultations, and implementation of significant operational changes.
- WWCCAC implemented significant system transformation initiatives through its expanded role in managing client placement from Acute care to Complex Continuing Care, Rehabilitation and Restorative Care, Supportive Housing and Adult Day Programs across the local health system.

OUR OBJECTIVE:

Integrate services to allow easier access and reduce handoffs within sectors and across the continuum of care

- Develop and implement integration plans for mental health, addictions, community support services, hospice palliative care program, acquired brain injury program

What did we achieve in 2012 - 2013?

MENTAL HEALTH SERVICES

Improved the resident experience with mental health and addictions services.

- The WWLHIN entered into a strategic partnership with the Waterloo Regional Police Services and the Canadian Mental Health Association to develop and fund an enhanced mobile crisis unit which aids the police in connecting residents with mental health emergencies to appropriate help and follow-up. This decreases police involvement and Emergency Department use when other options are better for patients.
- As of spring 2013, the creation of a more integrated system of mental health services for residents will be facilitated through the amalgamation of Canadian Mental Health Association, Grand River Branch and Trellis Health and Developmental Services to form Canadian Mental Health Association, Waterloo Wellington Dufferin (CMHA-WWD). It will now be easier for our residents to access and navigate mental health services across Waterloo Wellington. More people will receive the right service, at the right time in the right place, enabling them to live successfully in the community.
- The WWLHIN funded a new service model of care for Specialized Medical Addictions and Mental Health Outreach. This program will offer services in non-traditional settings to our most vulnerable residents.
- The WWLHIN board named CMHA-Grand River Branch (now CMHA-WWD) the single-lead agency to undertake case management services for mental health. The decision was made possible through the dedication of local providers to improve our residents' experience in accessing mental health services and the need to develop an improved and coordinated model of care.
- In order to offer more services to our Francophone community, the WWLHIN funded French/Multi-linguistic Telemedicine Mental Health Services. French-speaking psychiatrists are now accessible and available to our Francophone residents living with mental illness.
- Implementation of a common assessment tool (OCAN) by community mental health providers has helped focus on the individual needs of each patients and provide a more inclusive approach to care. It is a useful tool to engage with patients regarding their care needs, their recovery process and to make informed decisions about available services.
- WWLHIN is the first LHIN in the province to implement a Shared Assessment Model, where health service providers work together on OCAN assessments to reduce duplication and to ensure all providers are working with consumers on shared goals and treatment plans. Assessments can be shared among providers through the Integrated Assessment Record (IAR).

What did we achieve in 2012 - 2013?

ADDICTIONS SERVICES

Through the Addictions Integration Project, a current state analysis of addictions services and the overall experience for residents was conducted. This work led to the realignment and development of programs that will better meet the needs of residents.

- Funds were provided by the WWLHIN to establish an interdisciplinary, multi-site clinic to provide primary care access, counseling, peer support and case management for at risk clients who need methadone/suboxone opiate substitution therapy.
- Stonehenge Therapeutic Community, Homewood Health Centre, and House of Friendship agreed to work together to deliver an aftercare program allowing residents to access services across the entire geography of our LHIN.
- The WWLHIN board named House of Friendship as the lead agency to offer residents greater access to addictions treatment options. The WWLHIN investment into the enhancement, expansion and mobile nature of a Day/Evening Treatment program for men, women, and specialized populations, has opened up access for residents.

COMMUNITY SUPPORT SERVICES

Improved, integrated, high-quality community support services improve the resident's experience of community support services (CSS).

- The WWLHIN worked with providers to ensure there are more options for Adult Day Programs (ADP) for seniors with dementia in Cambridge.
- Access to ADPs has been improved for our local seniors with the naming of Region of Waterloo - Sunnyside Home Long-Term Care as the lead agency to centralize administrative functions and implement a standard model of service based on best practice.
- A reduction in service duplication resulted in more funding being directed to front-line services for residents with the transfer of VON P.A.T.E.R. (People Assisting in Transferring Elderly Residents), a transportation service, to Community Support Connections, Meals on Wheels and More (CSC).
- Improvements have been made in the coordination of community services for residents in Woolwich, Wellesley and Wilmot Townships. Residents now have a single point of access for most services as provided by Community Care Concepts of Woolwich, Wellesley and Wilmot (CCC of WWW) and they are working closely with Woolwich Community Health Centre to streamline services for seniors.
- Transportation capacity for residents who are in need of assistance when travelling between providers has been enhanced through the efforts of VON and St. Joseph's Health Centre Guelph who have worked to streamline community transportation services in Guelph and Wellington.
- Primary care providers can now use one standard referral form to refer patients to specialized geriatric services and access to services will be faster through a streamlined referral process.
- Implemented the interRAI Community Health Assessment (interRAI CHA) and screener across the community support services sector so that every client who receives community support services will undergo an initial standard assessment appropriate to the level of care they will receive, reduce the number of times residents will need to tell their story and ensure the right service at the right time.

What did we achieve in 2012 - 2013?

ACQUIRED BRAIN INJURY (ABI) SERVICES

Supported the development of a model for integrated ABI Services.

- ABI service providers are developing a regional program model approach for services that builds on the Cancer Care Ontario strategy for sustainability and integration model of care. This includes the introduction of new regional ABI Clinical Support Service at Kitchener Downtown Community Health Centre and over 410 local health care professionals trained in providing services to people with an ABI.

PALLIATIVE CARE

Conducted foundational planning work to lead to an integrated system of palliative care.

- Our providers are committed to implement the action plan developed by the provincial Hospice Palliative Care Partnership, which sets out collective commitments and common priorities to optimize care delivery for residents requiring palliative hospice care.

- The WWLHIN conducted a strategic planning process and stakeholder engagement to develop a detailed implementation plan for a regional, integrated system of hospice palliative care consistent with the commitment to action.

BEHAVIOURAL SUPPORT ONTARIO

Created a local action plan that increased specialized nursing support into 35 long-term care homes through the Behavioural Support Ontario (BSO) project.

- Long-term care home residents now benefit from an increase of staff time to focus on improving their care and attention to responsive behaviours. In addition, a WWLHIN Interdisciplinary Behavioural Support Service Community Mobile Team, is bringing together health care professionals to support the delivery of specialized care for individuals with these conditions, in long-term care, acute and community settings.
- The BSO team in the WWLHIN collaborated with the Schlegel Research Institute for Aging (RIA), Schlegel Homes, University of Waterloo and Conestoga College to expand educational opportunities currently offered at the RIA Centre. This will lead to the availability of more specialized training in geriatric content and better equip our workforce with the advanced skills to manage increasingly complex health needs and a higher prevalence of dementia.

Performance Results: Creating a More Seamless and Coordinated Healthcare Experience 2012-2013

Performance Indicator		LHIN 2012/13 Starting Point	LHIN 2012/13 Performance Target	LHIN 2012/13 Ending Point	LHIN Rank at March 2013
Local Indicators					
Percentage of Alternate Level of Care (ALC) Days		16.05%	9.46%	13.46%	7
Readmission within 30 days for Selected Case Mixed Groups (CMGs)		15.92%	14.00%	13.87%	2
Repeat unscheduled ER visits within 30 days for Mental Health Conditions		16.72%	13.20%	14.28%	1
Repeat unscheduled ER visits within 30 days for Substance Abuse Conditions		18.91%	18.10%	24.50%	5
90th Percentile Wait Time from Community for CCAC In-Home Services-Application from Community Setting to First CCAC Service (Excluding Case Management)		25	30 days	29	7

"The research and literature tells us that if we implement evidence-based practice we can make a huge difference to our patients' outcomes."

-Marianne Walker, CEO St. Joseph's Health Care, Guelph

OUR PRIORITY:
Leading a Quality Healthcare System Using Evidence-based Practice

For 2012-2013 the strategic priority to implement evidence-based practice to drive quality was focused on meeting the needs of patients through implementation of best practice to achieve better health outcomes.

OUR OBJECTIVE:

Review hospital services and budgets as one system of acute care and reallocate resources to create a truly integrated and sustainable local health system

What did we achieve in 2012 - 2013?

Created a joint-vision for acute care services.

- In 2012, the WWLHIN Board directed staff to undertake a review of hospital services and budgets with a view to creating a single system of care to improve the quality of services, sustainability and offer residents the best care based on evidence-based practices.
- Now, there is agreement and support amongst hospitals to implement a series of regional clinical programs, ensuring a single standard of care wherever a particular service is offered.
- 17 regional program areas have been identified and implementation is expected to span approximately three years. Regional program areas include: Addictions/ Mental Health, Cancer, Cardiac, Childbirth & Neonatal, Children's Services, Complex Continuing Care, Critical Care, Emergency, Laboratory Medicine, Medical Imaging, Medicine, Pharmacy, Rehabilitation, Renal, Rural , Stroke* (currently part of Rehab,) Surgery.

  Through the leadership of the Sponsor Organizations, who will oversee the overall implementation of each regional program, better health, better care and better value will be realized for people who are served by the acute system of care.

REHABILITATIVE SYSTEM OF CARE

Established a Regional Program Council for Rehabilitative Care:

- The Sponsor Organization for this work, St. Joseph's Health Centre (Guelph) (SJHCG) has put in place Stream Leads and Committees for the 4 condition-specific rehab care streams (Musculoskeletal, Cardio-Pulmonary, Frail Elderly/Medically Complex and Stroke/ Neurology).
- A path has been laid for the implementation of the regional programs for each stream of rehabilitative care which will result in an improved care experience for people and better outcomes overall.

STROKE CARE

- Grand River Hospital (GRH), Stroke Stream Lead, and SJHCG have been working together to develop a business case for an integrated stroke program.

HOSPITAL ELDER LIFE PROGRAM (HELP)

Implemented the HELP program across six hospitals.

- While in Hospital, older patients are now benefiting from the services of volunteers, who are actively looking after them to ensure that they do not experience functional decline while in hospital but rather improve their overall health and well-being during the hospital stay. The volunteers are specially trained by an Elder Life Specialist.

LONG-TERM CARE VENTILATOR WEANING PILOT

Completed a one-year pilot period of a Long-Term Ventilator Weaning Program.

- We have completed a one-year pilot period of a Long-Term Ventilator Weaning Program. The results have been great. The majority of the patients who participated have returned home and are living as independently as possible or with the assistance of community-based support. Nine patients were discharged from hospital. These single digit figures may seem small, however, without this specialized program, these same nine patients could have spent up to 3000 ALC days in the hospital in just one year – a total cost of approximately $1.35 Million.

LOCAL QUALITY PARTNERSHIP TABLE

- Established a Local Quality Partnership Table to engage providers to take a system-level perspective on local opportunities to improve performance, increase resources for local services and understand the principles of change management required for the implementation of Health System Funding Reform.

OUR OBJECTIVE:

Implement a regional life or limb policy that will ensure the transfer of critically ill patients to the closest, most appropriate care institution, in the most efficient, expedited and safest manner possible

What did we achieve in 2012 - 2013?

Engaged clinical leaders across WWLHIN hospitals to prepare for the implementation of the Life or Limb policy.

- Health care providers are preparing for the release of the policy for swift implementation.

OUR OBJECTIVE:

Implement a Falls Prevention Strategy

What did we achieve in 2012 - 2013?

Determined a strategic approach to the leadership for implementation of the Falls Prevention Strategy and developed a Falls Prevention Plan.

- St. Joesph's Health Centre, Guelph (the Stream Lead Organization for the Frail Elderly/Medically Complex rehab stream) has taken the lead for developing a system-wide, integrated falls prevention program. Now WWLHIN residents will benefit from a falls prevention plan that will be integrated under the regional program for Rehabilitative Care.

OUR OBJECTIVE:

Implement evidence-based best practice wound protocol across the continuum of care

What did we achieve in 2012 - 2013?

Developed a proposal for creating a single system of wound care across Waterloo Wellington.

- A plan for implementing wound care with a standardized best practice way of treating wounds has been developed.

OUR OBJECTIVE:
Access to Care - Holding the Gains

What did we achieve in 2012 - 2013?

Exceeded targets for cataracts, coronary artery by-pass graft surgery, cancer surgery and CT scan services.

- Delivered our best performance for wait times for a CT scan in four years.

Made improvements to hip and knee replacement surgery performance.

- Waterloo Wellington is completing a higher proportion of urgent cases in a timely manner compared to provincial averages.
- All Waterloo Wellington hospitals are meeting clinical best practice targets and also have better quality performance than the provincial average for readmissions and revisions.

Undertook a number of initiatives to reduce ED wait times.

- St. Mary's General Hospital (SMGH) was the first in the province to initiate real-time web-based ED wait-times reporting and experienced a 20% reduction in CTAS 4/5. It has been confirmed that these patients are not going to other EDs. Other area hospitals are also planning to implement in 13/14.
- Grand River Hospital (GRH) and SMGH are piloting physician triage and early results demonstrate reduced time to provider initial assessment and a decrease in the overall ED length of stay.
- GRH opened an extended assessment unit in November 2012 which has reduced wait times for mental health patients by approximately 80% (adult mental health wait time decreased from 12.5 hours to 3 hours and pediatric mental health reduced from 6.5 hours to 1 hour)
- ED high users have been reviewed by our Emergency Services Network and primary care engaged in developing solutions including individualized care plans

Achieved the best month ever for wait times for an MRI (40 days) during February 2013.

- While we are still not yet meeting our goal there has been positive improvement. Both our 90th percentile wait time and our average wait time are below the provincial average.

Performance Results: Leading a Quality Healthcare System Using Evidence-based Practice 2012-2013

Performance Indicator **90th Percentile Wait Time: 9 out of 10 adult patients receiving a surgical procedure / diagnostic scan in the number of days stated or less** **90th Percentile ER Length of Stay: 9 out of 10 patients visiting the emergency department receiving care in the number of hours stated or less**	LHIN 2012/13 Starting Point	LHIN 2012/13 Performance Target	LHIN 2012/13 Ending Point	LHIN Rank at March 2013
Provincial Indicators				
90th Percentile Wait Times for Hip Replacement (non-emergency)	142	166	213	7
90th Percentile Wait Times for Knee Replacement (non-emergency)	218	166	275	8
90th Percentile Wait Times for Cancer Surgery (non-emergency)	48	49	44	1
90th Percentile Wait Times for Elective Isolated Coronary Artery Bypass Graft Surgery	25	42	25	1
90th Percentile Wait Times for Cataract Surgery (non-emergency)	103	166	108	4
90th Percentile Wait Times for Diagnostic Magnetic Resonance Imaging Scan (non-emergency)	67	28	44	7
90th Percentile Wait Times for Diagnostic Computed Tomography Scan (non-emergency)	31	28	24	6
90th Percentile ER Length of Stay for Admitted Patients	26.12	8.00	22.92	1
90th Percentile ER Length of Stay for Non-Admitted Complex Patients	7.62	8.00	7.40	7
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated Patients	4.87	4.00	4.55	11
Local Indicators				
Hospital Standardized Mortality Ratio (HSMR)	92	100	80	2
Readmission Rates for Diabetes (%)	11.49%	N/A	13.64%	5
Readmission Rates for Stroke (%)	4.51%	N/A	4.93%	1
Proportion of stroke/transient ischemic attack patients treated on a stroke unit at any time during their inpatient stay	30.20%	87.50%	43.90%	6
Risk-adjusted stroke/transient ischemic attack mortality rate at 30 days (per 100 patients)	15.4	14.3	10.3	N/A

Waterloo Wellington Local Health Integration Network

Operations

Total revenue for 2012-2013 includes funding for WWLHIN operations and initiatives, and funding for health service providers in accordance with public sector reporting guidelines.

In 2012-2013, the WWLHIN operational and initiatives budget was $5.5 million. In total, approximately half of one per cent, (0.55%), of our total funding is used for WWLHIN operations to support the important roles of health system oversight, performance management, funding, planning, coordinating, integrating and improving our local health system.

The WWLHIN ended the fiscal year with an operational surplus of $369,847. The WWLHIN had a staff complement of 27 full time equivalent (FTE) positions focused on improving quality outcomes, access to care and value for taxpayer dollars. Our full and contracted staff have diverse skill sets and backgrounds and include nurses, allied health professionals and former executives from large health service providers, government and private sector organizations, our Primary Care Physician Lead, Emergency Department Physician Lead, Critical Care Physician Lead and Geriatric Services Physician Lead.

Our Community

We live our core value every day at WWLHIN:

Acting in the best interest of our residents' health and well-being

To do this effectively, community engagement is important to all the work we do at the WWLHIN.

Since our inception in 2005, LHINs have been working closely with residents and local health service providers to identify and plan for local health needs. Community engagement continues to be an essential ingredient in the work of the WWLHIN. Through 2012 – 2013, community engagement activities have focused on the development of our 2013-2016 Integrated Health Service Plan.

We speak to our residents each and every day. We listen to their experiences in getting the care they need and their feelings about how our local healthcare system is doing. This past fiscal year we engaged with many residents and health service providers. We conducted and received an excellent response to our resident web surveys, which were available in both French and English, as well as to our phone interviews. We also gathered input through our numerous community forums on system change.

Through our engagement sessions with both residents and health service providers, our local community has helped to identify local needs and challenges, suggested solutions, and helped articulate the priorities for change in our local health system.

Ongoing **Engagement Activities**

Meaningful community engagement supports the WWLHIN's goals to inform, educate, consult, involve and empower stakeholders in health service planning and decision-making processes. Supporting our diverse communities is achieved through a number of engagement strategies including:

- A 15-member Community Council meets regularly to provide valuable input to the board. This is a group of individuals who bring their community knowledge, experience and interest in local health care to the WWLHIN, and in turn, back to the community.
- This year the WWLHIN created a Quality Partnership Table. This table is led by clinical leaders and serves as advisors to the WWLHIN on how to develop Health Service Funding Reform and Quality-based Procedures.
- The WWLHIN's Health Professionals Advisory Council meets regularly to provide input into system plans from their professional perspectives.
- The newly created Primary Care Advisory Committee is providing advice and guidance on how we can implement Health Links across Waterloo Wellington, how to advance electronic information sharing, and how to enhance access to primary care for those residents who want a primary care provider but do not have one.
- The System Leadership Council, comprised of leaders from provider networks and key stakeholders across the health system, provide input on key system initiatives and leadership in accelerating implementation of system improvements.

The Waterloo Wellington LHIN also actively looks for opportunities to engage more broadly in the community in order to reach broader audiences. Over this past year our leadership team participated in many local events and engaged with various community groups such as the Harm Reduction Forum, Prosperity Council, Ontario Chiropractors' Association, Opportunities Waterloo, Chambers of Commerce and municipalities.

The WWLHIN also worked in collaboration with the Waterloo Regional Police Service and the Waterloo Region Crime Prevention Council to host to the Saskatchewan Experience: Building Partnerships for Better Lives. Through this event we reached out to health service providers, community leaders, and partners in public service to engage in discussions about the possibilities for enhancing collaboration and improving health outcomes across Waterloo Wellington addressing the social determinants of health in our community.

French Language Community Engagement & Health Services

Over the last year, the Waterloo Wellington LHIN continued to work in partnership with the French Language Planning Entity to realize the goals and objectives of our Joint Action Plan.

As a key input to the development of our 2013-2016 Integrated Health Service Plan, we conducted a web-based survey in French to not only draw a portrait of the health status of the French community, but to also look at their experience within the existing system. The response rate to the survey was higher than the survey that was completed by the general population and we were able to establish priorities that need to be addressed in the short, medium and long-term phases of the IHSP.

Mental health issues have been identified as a high priority by our Francophone community. The Waterloo Wellington LHIN

Continued page 30

Visit our website to learn more about local programs and services developed for our diverse communities.

www.wwlhin.on.ca

French Language Community Engagement continued from page 29

has taken an active role in consulting with the French Mental Health Advisory Committee of Trellis (now Canadian Mental Health Association – Waterloo Wellington Dufferin). This group had short term funding to provide access to French-speaking psychiatric services using telemedicine electronic portals. As a result of a series of bi-monthly consultations and thorough program evaluation, it became clear that this was an important program for our local Francophone community and WWLHIN provided ongoing funding for this important service once the Federal contribution ended.

In order to improve access to primary care for the Francophone community, the WWLHIN has been working closely with the Mango Tree Family Health Team. This FHT has a bilingual mandate and following consultation with the team and the community, the FHT has been able to hire an additional French-speaking family physician to service in Kitchener/Waterloo. The community is looking forward to his arrival in the summer of 2013. As the population is aging, services for seniors have become a priority across the province. Data demonstrates that the French population in the city of Cambridge is very much an aging community. In consultation with the Centre Francophone de Cambridge as well as members from the Club de L'Âge d'Or, the Waterloo Wellington LHIN has been able to identify specific actions and interventions that will support the activities of our Francophone seniors, allowing them to be more involved in their community and socialize on an on-going basis.

The Waterloo Wellington LHIN also continues to support the Waterloo Wellington Community Care Access Centre in its implementation of French Language Services and has partnered with the WWCCAC in a consultation process to ensure that services in our French schools, which include mental health, meet the needs of our Francophone residents.

Aboriginal Planning Activities & Health Services

The local Aboriginal community in Waterloo Wellington is entirely urban based. There are no reserve lands or Indian Friendship Centres within our boundaries. Aboriginal residents in need of health care access services from the local mainstream health system or travel to service providers outside of the WWLHIN to access culturally appropriate care.

In 2010, the WWLHIN began an engagement project to learn about the specific health needs of the Aboriginal community in Waterloo Wellington. Over the past year we have been working with local Aboriginal partners to build relationships, and bring individuals and organizations together to look at ways to address the recommendations in the Health Needs Assessment. The Aboriginal Health Needs Assessment is available on our website at www.wwlhin.on.ca in the "Engaging our Communities" section.

The Waterloo Wellington LHIN also participates in the Annual Aboriginal Planning Conference to learn more about the needs of our Aboriginal residents across the province and share information on best practices.

Giving Back to our Community

Throughout 2012-2013, the WWLHIN team participated in team building activities that also helped to give back to our community. This past holiday season the staff spent time peeling carrots, making muffins and packing cereal for Waterloo Region's Nutrition for Learning. Nutrition for Learning is an organization that is dedicated to improving the learning capacity, health and well-being of children and youth in Waterloo Region. Currently, they support 134 community-based breakfast, morning meal and lunch programs impacting approximately 9,000 kids attending elementary and secondary schools throughout Waterloo Region.

Looking to **the Future**

Moving forward, our Mission is to lead a high-quality, integrated health system for our residents.

Through our vision of Better Health – Better Futures and our core value of acting in the best interest of our residents' health and well-being, the Waterloo Wellington LHIN will continue to focus on our three Strategic Priorities that are laid out in our Integrated Health Service Plan (IHSP) for 2013-2016: Enhancing Your Access to Primary Care, Creating a More Seamless and Coordinated Care Experiences and Leading a Quality Healthcare System Using Evidence-based Practice.

These local priorities are aligned with Ontario's Action Plan for Health Care and focus on the local health needs of Waterloo Wellington residents. Local health service providers are aligning their strategic plans to enable the development of a truly integrated local health system.

"By acting in the best interest of our residents' health and well-being, we are making our health system better for this generation and many more generations to come."

-Bruce Lauckner, CEO, WWLHIN

Financial statements of

Waterloo Wellington Local Health Integration Network

March 31, 2013

Waterloo Wellington Local Health Integration Network

March 31, 2013

Table of contents

Deloitte

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Waterloo Wellington Local Health Integration Network

We have audited the accompanying financial statements of Waterloo Wellington Local Health Integration Network, which comprise the statement of financial position as at March 31, 2013, and the statements of financial activities, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Waterloo Wellington Local Health Integration Network as at March 31, 2013 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
June 5, 2013

Waterloo Wellington Local Health Integration Network

Statement of financial position as at March 31, 2013

	2013	2012
	$	$
Financial assets		
Cash	**962,598**	561,984
Other receivables	**56,131**	248,340
	1,018,729	810,324
Liabilities		
Accounts payable and accrued liabilities	**673,075**	734,616
Due to Ministry of Health and Long-Term Care (Note 3b)	**369,847**	101,479
Due to eHealth Ontario (Note 3c)	**-**	1,660
Due to the Local Health Integration Networks Shared Services Office (Note 4)	**35,450**	-
Deferred capital contributions (Note 5)	**281,354**	288,192
	1,359,726	1,125,947
Net debt	**(340,997)**	(315,623)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**59,643**	27,431
Tangible capital assets (Note 7)	**281,354**	288,192
	340,997	315,623
Accumulated surplus	**-**	-

Approved by the Board

Joan S Fisle
_____ Board Chair

_____ Finance and Audit Committee Chair

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of financial activities
year ended March 31, 2013

	Budget (Note 8)	2013 Actual	2012 Actual
	$	$	$
Revenue			
Ministry of Health and Long-Term Care funding			
Health Service Providers transfer payments (Note 9)	**965,101,464**	**996,284,176**	979,769,095
Local Health Integration Network operations - general and administrative	**4,198,719**	**4,377,108**	4,344,784
eHealth (Note 10a)	**510,000**	**580,000**	600,000
Emergency Department Lead (Note 10b)	**75,000**	**75,000**	75,000
Emergency Department/Alternative Levels of Care Lead (Note 10c)	**100,000**	**100,000**	100,000
Aboriginal Planning (Note 10d)	**5,000**	**5,000**	5,000
French Language Services (Note 10e)	**106,000**	**106,000**	106,000
Critical Care Lead (Note 10f)	**75,000**	**75,000**	75,000
Primary Care Lead (Note 10g)	**75,000**	**75,000**	21,875
Behavioural Supports Ontario (Note 10h)	-	-	57,000
Amortization of deferred capital contributions (Note 5)	-	**88,663**	77,495
	970,246,183	**1,001,765,947**	985,231,249
Funding repayable to Ministry of Health and Long-Term Care (Note 3b)	-	**(369,847)**	(101,479)
Funding repayable to eHealth Ontario (Note 3c)	-	-	(1,660)
	970,246,183	**1,001,396,100**	985,128,110
Expenses			
Transfer payments to Health Service Providers (Note 9)	**965,101,464**	**996,284,176**	979,769,095
Local Health Integration Network operations - general and administrative (Note 11)	**4,198,719**	**4,396,348**	4,344,398
eHealth (Note 10a)	**510,000**	**282,399**	598,340
Emergency Department Lead (Note 10b)	**75,000**	**75,000**	73,710
Emergency Department/Alternative Levels Levels of Care Lead (Note 10c)	**100,000**	**100,000**	100,000
Aboriginal Planning (Note 10d)	**5,000**	**5,000**	5,000
French Language Services (Note 10e)	**106,000**	**106,000**	106,000
Critical Care Lead (Note 10f)	**75,000**	**72,435**	56,153
Primary Care Lead (Note 10g)	**75,000**	**74,742**	18,414
Behavioural Supports Ontario (Note 10h)	-	-	57,000
	970,246,183	**1,001,396,100**	985,128,110
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of change in net debt
year ended March 31, 2013

	Budget (Note 8)	2013	2012
	$	$	$
Annual surplus	-	-	-
Change in prepaid expenses, net	-	**(32,212)**	(491)
Acquisition of tangible capital assets	-	**(81,825)**	(74,935)
Amortization of tangible capital assets	-	**88,663**	77,495
(Increase) decrease in net debt	-	**(25,374)**	2,069
Net debt, beginning of year	-	**(315,623)**	(317,692)
Net debt, end of year	-	**(340,997)**	(315,623)

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Statement of cash flows
year ended March 31, 2013

	2013	2012
	$	$
Operating activities		
Annual surplus	-	-
Less: items not affecting cash		
Amortization of tangible capital assets	**88,663**	77,495
Amortization of deferred capital contributions (Note 5)	**(88,663)**	(77,495)
	-	-
Changes in non-cash operating items		
Decrease (increase) in other receivables	**192,209**	(198,608)
(Decrease) in accounts payable and accrued liabilities	**(61,541)**	(342,093)
Increase in due to Ministry of Health and Long-Term Care	**268,368**	68,393
(Decrease) increase in due to eHealth Ontario	**(1,660)**	1,660
Increase (decrease) in due to Local Health Integration Networks Shared Services Office	**35,450**	(8,934)
(Increase) in prepaid expenses	**(32,212)**	(491)
	400,614	(480,073)
Acquisition of tangible capital assets	**(81,825)**	(74,935)
Financing activity		
Capital contributions received (Note 5)	**81,825**	74,935
Net increase (decrease) in cash	**400,614**	(480,073)
Cash, beginning of year	**561,984**	1,042,057
Cash, end of year	**962,598**	561,984

The accompanying notes to the financial statements are an integral part of this financial statement.

Waterloo Wellington Local Health Integration Network

Notes to the financial statements
March 31, 2013

1. Description of business

The Waterloo Wellington Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the Waterloo Wellington Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers all of the County of Wellington, the Region of Waterloo, and the City of Guelph. The LHIN also contains part of Grey County, which is split with the South West and the North Simcoe Muskoka LHINs. The LHIN enters into service accountability agreements with health service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ('MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSPs' Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

Commencing April 1, 2007, all funding payments to LHIN managed HSPs in a LHIN geographic area, have flowed through each LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in each LHIN's financial statements for the year ended March 31, 2013.

The LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian Public Sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items such as the amortization of tangible capital assets and impairments in the value of tangible capital assets.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of financial activities, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment, furniture and fixtures	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment	5 years straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

2. Significant accounting policies (continued)

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of financial activities and within the related notes for both the prior and current year sufficiently disclose information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Adoption of new accounting standards

As at April 1, 2012, the LHIN adopted Public Sector Accounting Handbook *Section PS 1201, "Financial Statement Presentation"*, Section PS 2601 *"Foreign Currency Translation"*, PS 3410 *"Government Transfers"* and Section PS 3450, *"Financial Instruments"*. There was no impact of the adoption of these new standards on the financial statements.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

			2013	2012
	Funding received	Eligible expenses	Excess funding	Excess funding
	$	$	$	$
Transfer payments to HSPs	996,284,176	996,284,176	-	-
LHIN operations	4,465,771	4,396,348	69,423	77,881
eHealth	580,000	282,399	297,601	1,660
Critical Care Lead	75,000	72,435	2,565	18,847
Emergency Department Lead	75,000	75,000	-	1,290
Emergency Department/Alternative Levels of Care Lead	100,000	100,000	-	-
Aboriginal Planning	5,000	5,000	-	-
French Language Services	106,000	106,000	-	-
Primary Care Lead	75,000	74,742	258	3,461
	1,001,765,947	1,001,396,100	369,847	103,139

3. Funding repayable to the MOHLTC (continued)

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2013	2012
	$	$
Due to MOHLTC, beginning of year	101,479	33,086
Paid to MOHLTC during year	(101,479)	(33,086)
Funding repayable to the MOHLTC related to current year activities (Note 3a)	369,847	101,479
Due to MOHLTC, end of year	369,847	101,479

c) The amount due to the eHealth Ontario at March 31 is made up as follows:

	2013	2012
	$	$
Due to eHealth Ontario, beginning of year	1,660	-
Paid to eHealth Ontario during year	(1,660)	-
Funding repayable to the eHealth Ontario related to current year activities (Note 3a)	-	1,660
Due to eHealth Ontario, end of year	-	1,660

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all the LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHINC was formed in fiscal 2011 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in:

- fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;
- their role as system manager;
- where appropriate, the consistent implementation of provincial strategy and initiatives;
- the identification and dissemination of best practices.

LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

5. Deferred capital contributions

	2013	2012
	$	$
Balance, beginning of year	**288,192**	290,752
Capital contributions received during the year	**81,825**	74,935
Amortization for the year	**(88,663)**	(77,495)
	281,354	288,192

6. Commitments

The LHIN has commitments under various operating leases and maintenance contracts related to building, software and equipment. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2014	348,558
2015	352,762
2016	370,137
2017	346,740
2018	350,445
Thereafter	1,074,504

The LHIN also has funding commitments to HSPs associated with accountability agreements. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

			2013	2012
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office equipment, furniture and fixtures	**338,622**	**255,932**	**82,690**	132,519
Computer equipment	**59,073**	**52,195**	**6,878**	10,008
Web development	**23,043**	**23,043**	**-**	-
Leasehold improvements	**835,692**	**643,906**	**191,786**	145,665
	1,256,430	**975,076**	**281,354**	288,192

8. Budget figures

The budget figures reported in the statement of financial activities reflect the initial budget at April 1, 2012 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $997,730,933 is derived as follows:

	$
Initial budget	965,101,464
Additional funding received during the year	32,629,469
Final budget	997,730,933

The final LHIN general and administrative and specific initiatives budget of $5,393,108 is derived as follows:

	$
Initial budget	5,144,719
Additional funding received during the year	330,214
Amount treated as capital contributions made during the year	(81,825)
Final budget	5,393,108

No budget was set for items appearing on the statement of changes in net debt.

9. Transfer payments to HSPs

During the year the LHIN was authorized to allocate funding of $997,730,933 to the various HSPs in its geographic area. Year-end adjustments initiated by the MOHLTC resulted in a reduction of transfer payments totalling $1,446,757 resulting in total transfer payments recorded of $996,284,176. Actual transfer payments to the various sectors in fiscal 2013 as follows:

	2013	2012
	$	$
Operations of hospitals	593,412,581	594,171,803
Grants to compensate for municipal taxation - public hospitals	159,225	159,225
Long term care homes	167,134,986	164,685,974
Community care access centre	116,841,644	109,085,432
Community support services	20,925,843	17,937,579
Assisted living services in supportive housing	5,871,978	5,882,562
Community health centres	17,275,279	16,998,621
Community mental health programs	33,617,670	31,014,019
Specialty psychiatric hospitals	30,642,050	30,633,800
Addictions programs	10,402,920	9,200,080
	996,284,176	979,769,095

10. Separate funding amounts were received by the LHIN from the MOHLTC for specific initiatives

a) eHealth

The LHIN received funding of $580,000 (2012 - $600,000 from eHealth Ontario). These funds were used toward initiatives in support of its strategic eHealth Plan as defined in its Integrated Health Services Plan. eHealth expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	251,433	506,220
Other	30,966	92,120
	282,399	598,340

b) Emergency Department Lead

The LHIN received funding of $75,000 (2012 - $75,000) related to the Emergency Department Lead. Emergency Department Lead expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	72,000	72,000
Other	3,000	1,710
	75,000	73,710

c) Emergency Department/Alternative Levels of Care Lead

The LHIN received funding of $100,000 (2012 - $100,000) related to the Emergency Department/Alternative Levels of Care Lead. Emergency Department/Alternative Levels of Care Lead expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	100,000	100,000

d) Aboriginal Planning

The LHIN received funding of $5,000 (2012 - $5,000) related to Aboriginal Planning. Aboriginal Planning expenses incurred during the year are as follows:

	2013	2012
	$	$
Community engagement	5,000	5,000

10. Separate funding amounts were received by the LHIN from the MOHLTC for specific initiatives (continued)

e) French Language Services

The LHIN received funding of $106,000 (2012 - $106,000) related to French Language Services. French Language Services expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	**81,412**	76,304
Other	**24,588**	29,696
	106,000	106,000

f) Critical Care Lead

The LHIN received funding of $75,000 (2012 - $75,000) related to Critical Care Lead. Critical Care Lead expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	**72,000**	54,000
Other	**435**	2,153
	72,435	56,153

g) Primary Care Lead

The LHIN received funding of $75,000 (2012 - $21,875) related to the Primary Care Lead. Primary Care Lead expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	**72,000**	18,000
Other	**2,742**	414
	74,742	18,414

h) Behavioural Supports Ontario

The LHIN received funding of $nil (2012 - $57,000) related to the Behavioural Supports Ontario. Behavioural Supports Ontario expenses incurred during the year are as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	-	57,000
	-	57,000

11. LHIN operations - general and administrative expenses

The statement of financial activities presents expenses by function. The following classifies general and administrative expenses by object:

	2013	2012
	$	$
Salaries and benefits	**2,986,664**	2,761,302
Occupancy	**292,973**	295,412
Amortization	**88,663**	77,494
Shared Services	**359,858**	465,989
LHIN Collaborative	**47,500**	26,971
Public relations	**89,293**	53,964
Consulting services	**89,377**	232,828
Supplies	**35,018**	85,433
Board Chair per diems	**73,475**	68,450
All other board members' per diems	**39,175**	47,700
Other governance costs	**57,913**	34,700
Mail, courier and telecommunications	**45,274**	64,657
Other	**191,165**	129,498
	4,396,348	4,344,398

Diabetes Regional Coordination Centres

The LHIN received funding of $260,214 (2012 - $nil), which is included in the operating expenses of the LHIN, related to the assumption of work plan deliverables for diabetes and chronic disease management planning effective February 1, 2013. Expenses incurred of $197,234 are included in general and administrative expenses in the statement of financial activities and are made up as follows:

	2013	2012
	$	$
Salaries, benefits and consulting services	**87,579**	-
Other	**109,655**	-
	197,234	-

12. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 27 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2013 was $265,207 (2012 - $267,312) for current service costs and is included as an expense in the statement of financial activities. The last actuarial valuation was completed for the plan on December 31, 2012. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provision of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

Better Health - Better Futures

Waterloo Wellington Local Health Integration Network
50 Sportsworld Crossing Road, Suite 200 | Kitchener, Ontario N2P 0A4

T. 519 650 4472 F. 519 650 3155 Toll Free 1 866 306 5446
Staff email: first-name.last-name@lhins.on.ca
General email: waterloowellington@lhins.on.ca
www.wwlhin.on.ca

ISSN: 1911-2963 (print)
1913-9284 (online)

@ww_lhin
www.facebook.com/wwlhin